

Shropshire and Staffordshire 
Strategic Health Authority

Workforce Development Confederation



Evaluation:

GP Life Coaching Pilot in Shropshire and Staffordshire

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Executive Summary

Introduction

This pilot of GP coaching by a trio of life coaches was commissioned by Shropshire and Staffordshire Strategic Health Authority and independently evaluated by Staffordshire University. This report provides an evaluation of the initiative.

Methods

(i) GP Coaching initiative

Flyers were mailed to all GP surgeries across Shropshire and Staffordshire offering GPs the chance to participate in the life coaching pilot. Forty six GPs responded; of these, 42 GPs received an initial face to face coaching session and 39 proceeded with up to five further telephone coaching sessions.

(ii) Evaluation

Semi-structured telephone interviews were carried out with 33 of the GPs who had received coaching, between two to four weeks after the GPs had received their last coaching session.

Results

The majority of the GP participants agreed that the format of the coaching sessions was 'ideal' for their needs, with an initial face to face coaching session followed by up to five more coaching sessions by telephone over a three month period.

Positive benefits noted by the doctors who were coached were: increased effectiveness at work, career planning, re-examination of their work-life balance and improvement in the quality of relationships at home and at work. Five of the 33 GPs interviewed (15%) were considering leaving general practice and reported that they had changed their career plans as a result of the coaching as they realised they were happy to remain working as GPs.

The consensus was that this type of coaching should be made available by the NHS to support GPs. Two of the GPs would have been prepared to pay for the coaching themselves; whilst one GP believed that future coaching schemes for GPs should be publicly funded. Analysis of the recurrent themes in the evaluation indicated how helpful and enjoyable the majority of GPs had found the coaching process.

Conclusion

Coaching could improve the recruitment and retention of GPs in Shropshire and Staffordshire, and beyond. We recommend that the NHS continues to provide support mechanisms for GPs and other health professionals to allow them to sample the potential benefits of coaching, after which they can choose to fund such resources themselves, to enhance their personal effectiveness.

Introduction

The recruitment and retention of GPs is a national priority for the NHS. The Department of Health initiatives (Department of Health, 2004) include the Improving Working Lives initiative, Flexible Careers and Returners schemes, Human Resources (HR) and Occupational Health schemes. In the main, these initiatives do not overtly include approaches to enhance personal effectiveness and maximise performance such as coaching. However there are implicit references to support for personal effectiveness in the HR policies and the Improving Working Lives scheme.

Coaching is one tool for promoting personal effectiveness. It has been defined by Parsloe (1999), as 'a process that enables learning and development to occur and thus performance to improve'.

A literature review of coaching effectiveness (Modernisation Agency Leadership Centre and UMIST, 2004), describes the realisation of the potential of coaching in the last decade 'as a professional and organisational development approach'. Individuals can benefit too; one doctor cited in the press described the positive outcomes of coaching for her when she 'learnt strategies to handle professional and personal stresses' (Indrasenan, 2004).

This life coaching pilot for GPs in Shropshire and Staffordshire was commissioned as one of a range of approaches to addressing recruitment and retention of GPs.

The purpose of the evaluation was to collate GPs' experiences of coaching received, and to relay their perceived benefits particularly in relation to changes in their effectiveness at work; career plans; work-life balance; and general happiness and quality of relationships both at work and at home.

Method

(i) GP Coaching Pilot

Three accredited life coaches undertook coaching of volunteer GPs (see Appendix 1 for details). Flyers were mailed out from Staffordshire University to all GPs in Staffordshire and Shropshire. Volunteer GPs contacted an administrator at Staffordshire University to register to take part in the pilot scheme.

The life coaches contacted the GP volunteers to offer an introductory telephone coaching session to ascertain that the individual GP wished to continue with the programme. This allowed the coaches to gauge whether coaching was an appropriate intervention and to check that the doctor would not be better served by an alternative intervention, for example a course of counselling or psychotherapy.

When the offer of life coaching was taken up, up to six hour long sessions were organised over a three month period. The initial session was face to face and the remaining sessions were conducted over the telephone by the Life coach, with email support offered in between coaching sessions if required. All sessions and support were provided by the same life coach for each individual GP.

(ii) Evaluation

Thirty three of the 39 GPs (85%) who received up to six coaching sessions were interviewed by phone by the same interviewer (SB) and the results collated. The GPs interviewed were the first 33 to be contacted and available for the interviews after their coaching sessions had been completed. The interviews took between 10 and 25 minutes. Telephone interviews were conducted approximately two to four weeks after GPs taking part had completed their series of coaching sessions. Prior to the interviews GPs were faxed an explanatory letter and the structured questionnaire (see Appendix 2) to allow participants time to consider their responses and clarify their thoughts. GP surgeries were contacted to arrange appointment times for the telephone interviews either at the surgery or at home.

The interview questions were structured into initial short answer questions to determine whether the number, method of delivery and duration of the coaching sessions were appropriate. Further questions explored how helpful the coaching had been to the GPs in relation to benefits they had noticed in areas such as their personal and professional effectiveness.

Responses from the telephone interviews and any additional comments were recorded, themed and analysed.

Results

Participation in the life coaching pilot

Of the 46 GPs who volunteered and were then offered coaching after the introductory talk with a life coach, 39 completed the coaching sessions and 33 underwent an evaluation interview. One GP included in the evaluation had only completed an initial session.

Seven GPs who initially volunteered for coaching subsequently failed to commence the coaching programme due to competing time commitments. A further three GPs dropped out after the initial face to face session, one because of life changes that made the coaching no longer necessary and two others because they were too busy. A further one GP participated in two coaching sessions, four GPs attended four sessions and three other GPs had five sessions, leaving 31 GPs who received six coaching sessions.

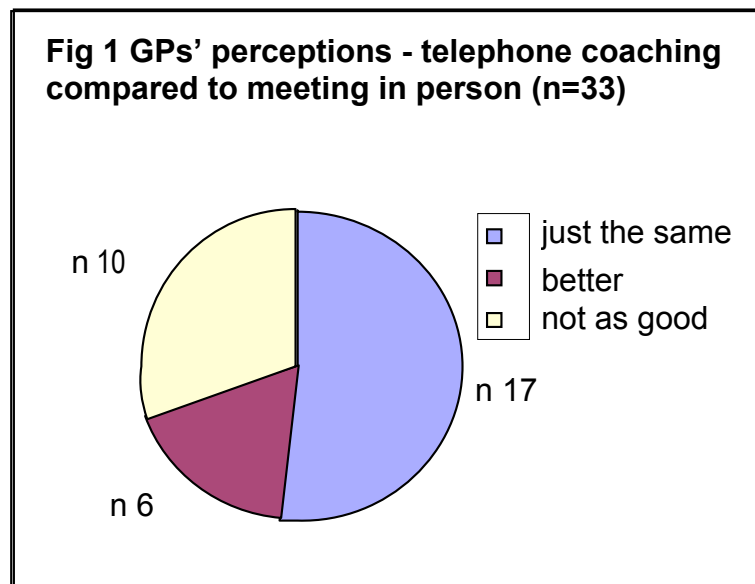
Perceptions of life coaching

The majority of the GPs, 23 out of 33 (70%) interviewed said that coaching was 'very useful'. Twenty three out of the 33 GPs also felt that the series of six x one hour sessions was an appropriate number and duration. Only one other GP felt that the coaching had 'not been particularly useful'.

Additional comments from a number of GPs were that they would have liked the sessions to have been spaced out more - perhaps monthly, and six of the GPs said

that they would like the sessions to be ongoing or intermittent, or alternatively to have a future review or follow-up sessions. Four of the GPs (12%) indicated that they had received sessions lasting less than an hour and that an approximately 30 minutes length was about right for them.

As shown in Figure 1, 17 of the GPs (52%) felt that the subsequent telephone coaching was as beneficial as meeting the coach in person; however ten GPs felt it was not as good and six thought that the telephone mode of coaching was preferable to face-to-face meetings. Two doctors would have preferred face-to-face coaching for all of the six sessions.



Perceived benefits of life coaching

Figure 2 shows the overall responses to questions related to perceived benefits as a result of the coaching, in six key areas of personal and professional development.

Twenty three of the 33 (70%) GPs questioned perceived a positive change in their effectiveness at work as a result of coaching in the areas of: time management, effectiveness in consultations, communication and decision making, organisational skills and handling paperwork. Typical comments included “I am getting to the point, making decisions and acting on them” and “I am clearer about decision making and have time to weigh things up and then be more effective.”

Seventeen of the 33 doctors had made a change to their career plans as a result of the coaching experience. Several of these (five GPs) had thought of changing their career path or giving up work but had now reconsidered. Others said that they now had a much clearer idea of what they wanted to do and that coaching had given them confidence to make decisions. Comments included “Helped make decisions more rational. I might have given up so having time to talk things through was very helpful” and “Nearly changed jobs and as a result of the coaching I didn't.”

Twenty four (73%) of the GPs questioned had noticed a change in their work-life balance which they attributed to receipt of life coaching sessions. Typical comments

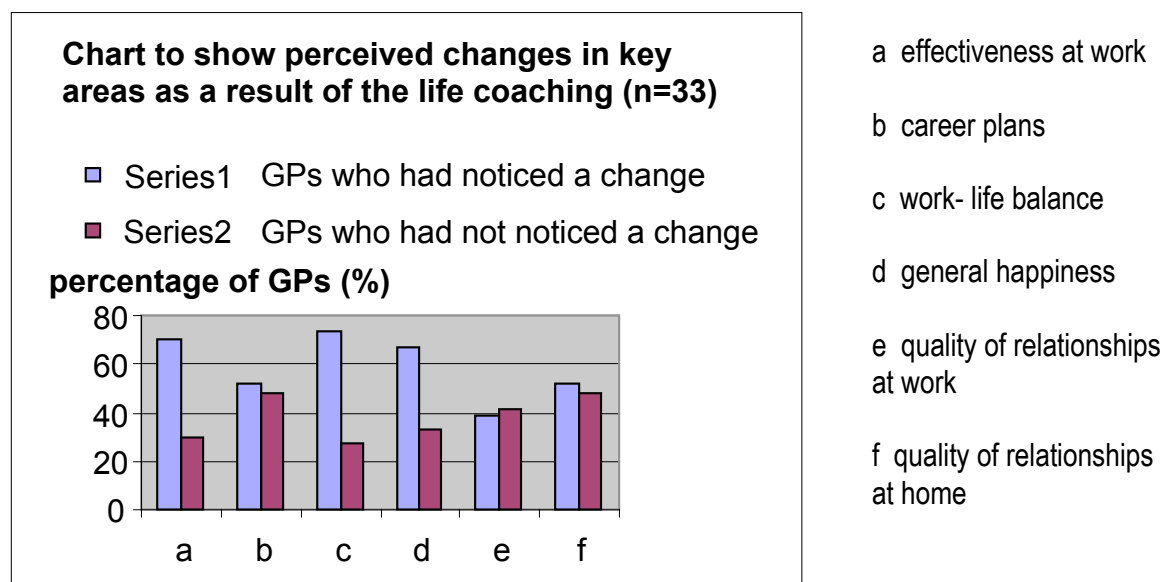
related to improvements in being able to maintain the balance and separate home life from work. Some comments volunteered related to improved personal effectiveness such as better time management, demarcation, being able to say ‘no’ and more effective delegation. Specific comments included feeling “less guilty about having time to yourself, leisure time” and having “increased relaxation.”

When asked about perceived changes in their state of happiness as a result of the coaching, the majority of GPs (22 GPs, 67%) said that they had noticed a positive change. They described feeling “more relaxed”, “less stressed” and having a “positive attitude”. A few remarks indicative of the overall responses were “happier and more contented, more appreciative of good things” and “work with clarity towards complicated things” and “much more positive attitude.”

When asked about perceived benefits from the coaching relating to improvements in the quality of their relationships at work, 13 (39%) of the GPs had noticed positive improvements in this area. These included “communication with people at work generally improved, delegation improved” and “more understanding of the motivation of individuals.” Other comments related to improvements in this area and feeling more assertive and in control with just one contrary comment that “some (relationships at work) might have got worse because I have reorganised and therefore have less time to talk to colleagues, but positive benefits overall.”

Just over half of the GPs (17 out of 33) had noticed changes in the quality of their relationships at home with comments regarding the changes being that they felt more relaxed and “more considered in approach.”

Figure 2 Perceived changes as a result of coaching in six key areas



Additional comments regarding perceived benefits related to GPs feeling generally more positive and relaxed; in particular, “improved effectiveness”, “improved efficiency in making decisions” and “although I didn’t feel that there were any problems, coaching identified strains I was not aware of and allowed me to improve and find better ways of doing things, small things make a big difference.”

Twenty six of the GPs (79%) questioned thought there was nothing about the coaching that was unhelpful. Seven GPs did not answer this question directly but specific comments centred on the difficulties of fitting in coaching with other time commitments.

GPs found different aspects of the coaching particularly helpful to them. One theme that emerged was that they found it helpful to have time to stop and reflect. Comments were very positive and many found phrases that the coaches used helpful to focus on, such as “what is the worst that can happen?” and “what can I do in the next two weeks to change that?” Others stated that particularly helpful things they had taken away from the coaching were “renewed confidence in my ability”, “concept of SMART goals”, “to stand back and reflect and realise you are doing alright” and “made me really think about what I do carefully and made me more positive.”

Participating GPs’ recommendations about life coaching being made available for GPs

The GPs questioned would recommend that this type of life coaching be made generally available for GPs, with 31 of the 33 GPs interviewed responding positively to this question. One GP did not know whether they would recommend it and one felt that they would not recommend it be made generally available because ‘whilst it may be useful for some, it may not be so for others’. One other GP felt that it should be generally offered but not made statutory and another GP felt coaching may be more potent if integrated with the appraisal process when it may draw in people who would most benefit but be least likely to volunteer.

When asked to put a monetary value on the coaching, responses varied widely and ranged from £35 to £100 per one hour session and £150 to £400 for the six session course. Several GPs (5) commented that they felt the coaching should be provided by the NHS or subsidised and that if they had to pay there should be a reduction per session for a series. Comments ranged from “should be made available - investment would pay for itself in productivity” to “happy to pay the going rate-money well spent.” Two of the GPs volunteered that they would be prepared to pay for coaching.

All GPs who took part in the evaluation of the life coaching made additional comments. The main themes that appeared to emerge from the responses were how enjoyable they had found the process, complimenting the coaches: “enjoyable, interesting and helpful”, “very beneficial even though I wouldn’t have thought I needed it, of value to most and particularly those who don’t think they need it” and “coach was fantastic, extremely professional” were three typical responses.

Several GPs admitted that they were sceptical at first or would not have thought they needed it. Some emphasised that GPs who volunteered for coaching were self-selected and those who need it probably had not taken up the offer. Several also said they would like further coaching either now or in the future, and they were recommending it to colleagues and patients.

A couple of the GPs said that they would like training to be able to coach colleagues and/or others.

The only negative comment was from a GP who felt that though it was useful to have someone to chat to there was nothing they needed or were willing to change. One GP commented that they were unable to commit to the six sessions. Two GPs had enjoyed the sessions and found them useful but thought it may be difficult to maintain changes long-term.

Discussion

Of the original 46 GPs who responded to the invitation to coaching, seven failed to start the series of coaching sessions, citing competing time commitments as the primary reason for this. It may be that the benefits of life coaching in areas such as time management and personal effectiveness were not adequately explained in the initial mailing or the introductory telephone sessions with the coaches.

The method of delivery of coaching seemed to be acceptable to the majority of GPs in the pilot. This was chosen as the most appropriate method as telephone coaching provided an efficient use of time and resources for the GPs and were ideal for those in rural practices where travel would have been a prohibitive factor in taking up coaching. The results accord with those of Beecham et al 2004 who successfully utilised telephone coaching in leadership coaching for GPs. Similarly GPs in that study commented on the advantages of social/personal 'distance' created by the telephone mode. This may be related to the need for confidentiality in life coaching and the telephone method aiding this.

GPs taking part in the pilot were a self-selected group and so may have been more open to the benefits of life coaching than other GPs.

The GPs questioned noted perceived benefits in their effectiveness at work, career plans, work-life balance and quality of relationships at work and home. One benefit of coaching is having someone to listen to you and making time for reflective practice which allows personal development. The benefits described by GPs in the pilot suggest that coaching was successful in these areas with many GPs commenting on how helpful having time to stop and reflect was and how big an impact this had made to specific areas of their practice.

The majority of GPs found life coaching helpful and 94% commented that they would recommend that this type of coaching be made available to all GPs. A few of the GPs commented on how intense the coaching was and they may have found it even more beneficial to have more time between sessions to effect changes. However on the whole, GPs did manage to fit the coaching sessions in and effect changes within the three months timescale trialled here.

The benefits shown in personal effectiveness, work-life balance and state of happiness of GPs would reasonably be expected to improve the working lives of the doctors as well as increasing their efficiency and enhancing personal development in their roles. This along with the potential for improving the recruitment and retention of GPs shown by five of the GPs deciding to remain in general practice after all

suggest that the NHS should consider funding such schemes for doctors as a priority.

Conclusion

The life coaching pilot was successful. There was an impressive uptake and the majority of doctors taking part in the project were very positive about their experience of life coaching and reported benefits relating to their professional and personal effectiveness.

Recommendations

1. Further evaluation 6-12 months after the last session of coaching would determine if the benefits perceived by the participating GPs are maintained without further coaching sessions.
2. Funding from within the NHS should be identified to fund or subsidise coaching for doctors. The initial impression from this short-lived pilot is that the benefits in retention and increased professional effectiveness and development are likely to mean that investment in the provision of life coaching for GPs is cost-effective.
3. The potential benefits of life coaching for other NHS personnel should be determined by a similar initiative.

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Appendix 1: Personal details of life coaches participating in the pilot scheme

- Dr Jo Leahy coached 15 of the 33 GPs interviewed and 21 GPs in total

Dr Jo Leahy is a former full-time principal in General Practice who is a graduate and member of the UK College of Life coaching. She is committed to improving the lives of doctors and other health professionals through the medium of coaching and is also a GP Appraiser and non-principal GP in Shropshire.

- Julie Roberts coached 13 of the GPs interviewed and 13 GPs in total

Following a formal education in psychology and statistics, and subsequent employment within health and social services, Julie Roberts has spent the majority of her career as a self-employed entrepreneur setting up successful businesses in the retailing, network marketing and consultancy sectors. Having qualified as a life and corporate coach she established a professional coaching practice in 2000, and now coaches individuals from all walks of life helping them to achieve their goals. She is currently a Senior Coach with the UK College of Life Coaching.

- Liz Wilson coached 5 of the 33 GPs interviewed and 8 GPs in total

Liz Wilson specialises in coaching people whose work/life balance is out of whack. She works with them to de-clutter their lives, building confidence to tackle new challenges and to help them gain insight into what they want from their lives - both professional and personal.

"I bring enthusiasm and curiosity about my clients' goals and dreams to the coaching relationship. I have total belief in their ability to succeed and a deep desire to help them design strategies to effect the changes they want."

Liz offers 1:1 coaching and mentoring and also runs workshops on well-being, confidence and work/life balance for groups and teams. She is an accredited coach and mentor with the UK College of Life Coaching and a UK member of the International Coach Federation.

Appendix 2: Telephone interview schedule for evaluation of the life coaching pilot

Name:

Practice Area:

Coach:

1. Overall, would you rate your experience of life coaching as being
 - a) very useful
 - b) quite useful
 - c) not particularly useful?
2. Was a series of 6 life coaching sessions
 - a) about right
 - b) too few
 - c) too many?
3. How many sessions would you have liked ideally?
4. Was the one-hour session length
 - a) about right
 - b) too short
 - c) too long?
5. How did the telephone coaching compare with meeting the coach in person
 - a) just the same
 - b) better
 - c) not as good?

6. Have you noticed a change in any of the following areas as a result of coaching?

a) effectiveness at work	Yes / No	What?
b) career plans	Yes / No	What?
c) work-life balance	Yes / No	What?
d) general happiness	Yes / No	What?
e) quality of relationships at work	Yes / No	What?
f) quality of relationships at home	Yes / No	What?
g) other (please specify)	Yes / No	What?

7. What one thing did you take away from the coaching, which was helpful?
8. Was anything unhelpful?
9. From your experience of life coaching, would you recommend that this type of coaching be made generally available to support GPs?
10. If you had to put a (monetary) value on the course of life coaching you took part in, how much would it be?
11. Are there any other comments you would like to make about your experience of the life coaching?